

Exhibit 4
to TIC's Motion for a Preliminary
Injunction
(FILED UNDER SEAL)



GENERAL CASUALTY CONTRACTORS SUPPLEMENTAL APPLICATION

Applicant Name: KIT Construction Services, Inc.

Website? www.kitprofs.com

Mailing Address: 2000 W. Sam Houston Park S., Suite 1400
Houston, Texas 77042

Location Address: 2000 W. Sam Houston Park S., Suite 1400
Houston, Texas 77042

GENERAL INFORMATION

1. Applicant is a (% of each): General Contractor _____ %
 Developer _____ %
 Owner/Builder _____ % Subcontractor _____ %
 Const. Manager _____ %
 Consultant _____ %

2. Describe all operations in detail:
General Contractor working with Industrial Clients.....mostly TOSHIBA

3. Years in business under this name: 6 Years

4. Years of experience in this field: 25 Years
 Mandatory- Attach Resumes When Available

5. States/area of operations: Texas

6. Contractor License Number: N/A Year license issued: N/A

7. Have you operated under any other name or names?
 If "Yes," provide prior name and describe type of operations: _____ No Yes

8. Total number of employees (including leased) 2

9. % of construction operations (Total = 100% for each question 1 & 2):
 New construction 50 % Remodeling % Other 50 %
 Commercial % Residential %

10. Have you been involved as a General Contractor in the building of Residential Homes, Condominiums, Apartments,or Townhouses in the past 10 years?
 If "Yes," specify year(s), number(s) and location(s) : _____

A handwritten signature in blue ink, appearing to read "JL", is placed over a blue horizontal line.

CLASSIFICATION OF OPERATIONS (PAYROLL/SUB-COSTS)

11. Indicate payrolls/costs for each type of construction work performed:

Class	Employee Payroll	Sub-Contractor Costs		Employee Payroll	Sub-Contractor Costs
Alarm Systems	\$	\$ 400,000	Painting	\$	\$ 150,000
Asbestos Removal	\$	\$	Paving – Driveways/Parking	\$	\$ 250,000
Blasting	\$	\$	Paperhanging	\$	\$
Bridges/Elevated Roads	\$	\$	Plastering/Stucco	\$	\$
Carpentry	\$	\$	Plumbing	\$	\$ 300,000
Communication Lines	\$	\$	Power Lines	\$	\$
Concrete	\$	\$ 1,000,000	Process Piping	\$	\$
Debris Removal	\$	\$	Roofing	\$	\$ 125,000
Demolition	\$	\$ 100,000	Seismic Retrofitting	\$	\$
Drywall	\$	\$ 250,000	Septic Tanks	\$	\$
Earthquake Repair	\$	\$	Sewer	\$	\$ 500,000
Electrical	\$	\$ 1,000,000	Sheet Metal Work	\$	\$
Excavation	\$	\$ 100,000	Siding	\$	\$
Fire Proofing	\$	\$	Sprinklers	\$	\$ 250,000
Fire/Damage Restoration	\$	\$	Steel/Ornamental	\$	\$
Gas/Water Mains	\$	\$ 150,000	Steel/Structural	\$	\$ 425,000
Grading	\$	\$ 200,000	Street/Road Construction	\$	\$ 150,000
HVAC	\$	\$ 1,500,000	Street/Road Paving	\$	\$ 200,000
Insulation	\$	\$ 100,000	Supervisory	\$	\$
Landscaping	\$	\$	Swimming Pools	\$	\$
Lead Remediation	\$	\$	Tile/Stone/Marble	\$	\$
Masonry	\$	\$	Waterproofing	\$	\$
Mold/Spore Remediation	\$	\$	Water Damage Restoration	\$	\$
Oil or Gas Fields	\$	\$	Other:	\$	\$ 350,000

12. Indicate any work or operations involving the following, even if subbed out:

- | | | |
|--|--|--|
| <input type="checkbox"/> Airport Facilities | <input type="checkbox"/> Equipment Rental to Others | <input type="checkbox"/> Stadium Construction |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Landfills | <input type="checkbox"/> Stevedoring |
| <input type="checkbox"/> Boiler Inspection | <input type="checkbox"/> Nuclear | <input type="checkbox"/> Sub Aqueous |
| <input type="checkbox"/> Bldg – Raising or Moving | <input type="checkbox"/> Pile Driving | <input type="checkbox"/> Subways |
| <input type="checkbox"/> Cantilevered Construction | <input type="checkbox"/> Pipeline | <input type="checkbox"/> Tank Construction |
| <input type="checkbox"/> Cofferdam or Caisson Work | <input type="checkbox"/> Pollution Abatement | <input type="checkbox"/> Tower Construction |
| <input type="checkbox"/> Dams/Reservoirs | <input type="checkbox"/> Power Generating Facilities | <input type="checkbox"/> Tunnels |
| <input type="checkbox"/> Drilling | <input type="checkbox"/> Railway | <input type="checkbox"/> Waste & Reclamation |
| <input type="checkbox"/> EIFS or related work | <input type="checkbox"/> Shoring/Underpinning | <input type="checkbox"/> Wrap-Ups – Participation In |

If checked, please describe work in detail:

PROJECTS/OPERATIONS INFORMATION13. List all major projects completed within the past five years, including work in progress and planned projects (list project name, date, description, location, and cost) OR Attach a project list

Master Service Agreement with TOSHIBA and multiple project specific purchase orders.

What is the average dollar value of a completed project? \$5,000,000.00



14. Please describe any types of projects that you have discontinued (i.e. no longer build, etc): None

15. Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? If "Yes," please explain: No Yes

16. Any work performed in the past using Exterior Insulation and Finish Systems (EIFS) If "Yes," please explain: No Yes

17. Has your work involved or will it involve systems that provide medical life support or medical gas lines? If "Yes," please explain: No Yes

18. Any exterior work performed above two stories in height from grade? Maximum number of stories: _____ Percentage of Total Work: _____ No Yes

19. Any work performed below grade? Maximum depth: ABOUT 6' TO 8' Percentage of Total Work: 3% No Yes

20. Is scaffolding owned, rented, or erected? Are other contractors at job site allowed to use it? No Yes
 No Yes

21. Have you worked or will you or your employees work under USL&H or Jones Act? No Yes

22. Do you have a formal safety program in operation? Please explain and/or provide a copy: No Yes

23. Indicate the type of security used on a project: Fencing Lighting Watchman

SUBCONTRACTOR INFORMATION/RISK TRANSFER

24. Do you utilize A.I.A. standard contracts for all of your subcontractors? No Yes

25. Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? If "No," please explain: No Yes

26. Are Certificates of Insurance obtained from subcontractors? General Liability: No Yes
Minimum Limits Required: Same as Client's
Workers Compensation: No Yes
 No Yes
 No Yes
 No Yes

27. Are you named as an additional insured on all subcontractors' policies?

28. Do you ever use uninsured subcontractors?

29. Do you normally use the same subcontractors?

OTHER OPERATIONS

30. Do you draw any plans or blueprints used in your construction work? No Yes
If "Yes," has Professional Liability Coverage been obtained? No Yes
Limit of Liability: \$_____

31. Do you own any vacant land (raw land with no developmental or improvement activity, held only for investment of possible development more than 12 months in the future. No buildings on the property)? No Yes

32. Do you own any real estate development property (land with improvements – streets, roads, or utilities, etc completed under construction)? No Yes

33. If "Yes," to either questions 31 or 32, is property zoned: Residential Commercial/Retail/Industrial/Other
of acres vacant land: _____ # of acres Real Estate Dev Prop: _____

34. Any other operations other than 'contracting'?

 No Yes

If "Yes," please describe: _____

35. Where Insured? _____

LOSS EXPERIENCE Check here if not applicable

36. Loss Summary (Please Attach Hard Copy Loss Runs)

Year	Carrier	Premium	#Claims	Incurred	Comments

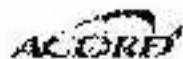
37. During the past three years has any company ever cancelled, non-renewed, declined or refused No Yes to issue similar insurance to you? If "Yes," please explain: _____38. Have you ever been involved in or are you aware of any pending litigation concerning construction defect? If "Yes," please explain: _____ No Yes

* Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

* not applicable in all states

Applicant Signature MullerDate 05/24/2017Producer SUDHAKAR KALAGA

Date _____



COMMERCIAL INSURANCE APPLICATION

APPLICANT INFORMATION SECTION

AGENCY
USI Southwest
9811 Katy Freeway, Suite 500

Houston, TX 77024

CONTACT: Cindy Smithson

PHONE: (281) 571-3499

FAX: (281) 571-5248

EMAIL: csmithson@usi.com

QUOTE #: 761230

CARRIER

Marketing Application Only

AMERICAN

9999

COMPANY/ POLICY OR PROGRAM NAME

PROGRAM CODE

FILED NUMBER

APP1036L000474173

UNDERWRITER

UNDERWITER OFFICE

STATUS OF TRANSACTION

<input checked="" type="checkbox"/>	CLOSED	LAST FILED	REASON
<input type="checkbox"/>	EXPIRED	EXPIRED	EXPIRED
<input type="checkbox"/>	REFUSED	REFUSED	REFUSED
<input type="checkbox"/>	REOPENED	REOPENED	REOPENED

CHARGE DATE

DATE

TIME

AM

PMT CYCLE

AM

NOTICES ATTACHED

INDICATE SECTIONS ATTACHED	PREMIUM	PREMIUM	PREMIUM
GENERAL LIABILITY	\$	GENERAL LIABILITY	\$
PROPERTY DAMAGE	\$	PROPERTY DAMAGE	\$
PERSONAL AUTO	\$	PERSONAL AUTO	\$
HEALTH INSURANCE	\$	HEALTH INSURANCE	\$
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	\$	INSURANCE/BUILDING RISK	\$
CRIMINAL INSURANCE COVERAGE	\$	INVESTIGATOR	\$
Health	\$	PROPERTY	\$

ATTACHMENTS

ADDITIONAL INTEREST	PREMIUM PAYMENT SUPPLEMENT
ADDITIONAL PREMIUMS	PROVISIONS - DUE DILIGENCE
AIRPORT BUILDING SUPPLIES	REG. AIRPORT BUILDING SUPPLEMENT
COMMERCIAL LIABILITY COVERAGE	STATEMENT OF OFFICE OF CARRIER
CLOTHING & EQUIPMENT	STATEMENT OF EQUIPMENT
COVERAGE SCHEDULE	WAGNTON LLOYDS SUPPLEMENT
COMMERCIAL LIABILITY COVERAGE	WITNESS STATEMENT
COMMERCIAL LIABILITY EXPOSURE SUPPLEMENT	
COMMERCIAL PROPERTY COVERAGE SUPPLEMENT	
CRIMINAL INSURANCE	

POLICY INFORMATION

PROPOSED/EFT DATE / PROPOSED/EXP DATE	BILLING PLAN	PAYMENT PLAN	METHOD OF PAYMENT	AMOUNT	DEPOSIT	MINIMUM PREMIUM	POLICY PREMIUM
06/27/2017 / 06/27/2018	DIRECT TO AGENCY			\$	\$	\$	\$

APPLICANT INFORMATION

NAME (First Name, Middle Name and Last Name) AND MAILING ADDRESS (including ZIP+4)
RIT Construction Services, Inc.

12000 W. Sam Houston Parkway B

77042

Houston, TX 77042

<input checked="" type="checkbox"/> CORPORATION	JOINT VENTURE	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> S CORPORATE	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> PARTNERSHIP	LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> TRUST	<input type="checkbox"/> S-Corporation

NAME (Other Name Insured) AND MAILING ADDRESS (including ZIP+4)

<input checked="" type="checkbox"/> INDIVIDUAL	LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> S CORPORATION	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> PARTNERSHIP	LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> TRUST	<input type="checkbox"/> S-Corporation

NAME (Other Name Insured) AND MAILING ADDRESS (including ZIP+4)

<input checked="" type="checkbox"/> INDIVIDUAL	LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> S CORPORATION	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> PARTNERSHIP	LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> TRUST	<input type="checkbox"/> S-Corporation

<input checked="" type="checkbox"/> INDIVIDUAL	LLC	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> S CORPORATION	<input checked="" type="checkbox"/> C Corporation
<input type="checkbox"/> PARTNERSHIP	LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> TRUST	<input type="checkbox"/> S-Corporation

ACORD 125 (2011.09)

INS125 (2011.09)

OSHA Page 1 of 5 © 1990-2011 ACORD AND CINCOPARTNERS. All rights reserved.

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CONTACT INFORMATION

CONTACT TYPE: Inspection	CONTACT TYPE: Accounting Records
CONTACT NAME: Sudharak Kalaga	CONTACT NAME: Same
PHONE: <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/> PHONE	PHONE: <input type="checkbox"/> HOME <input checked="" type="checkbox"/> BUS <input type="checkbox"/> CELL <input type="checkbox"/> PHONE
(713) 763-6700 ext 222	
PRIMARY E-MAIL ADDRESS:	PRIMARY E-MAIL ADDRESS:
SECONDARY E-MAIL ADDRESS:	SECONDARY E-MAIL ADDRESS:

PREMISES INFORMATION (Attach ACORD 603 for Additions/Deletions)

LOC # STREET 1 2000 N. Sam Houston Parkway E Ste 1400.	CITY LIMITS STATE: TX CITY: Houston COUNTY: Harris	INTEREST OWNER DRAFT	A FULL TIME EMPL OPEN TO PUBLIC AREA TOTAL BUILDING AREA	ANNUAL REVENUE: \$ OCCUPIED AREA: 90 FT OPEN TO PUBLIC AREA: 90 FT TOTAL BUILDING AREA: 90 FT
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DESCRIPTION OF OPERATIONS:

LOC # STREET 1	CITY LIMITS STATE: TX CITY: Houston COUNTY: Harris	INTEREST OWNER DRAFT	A FULL TIME EMPL OPEN TO PUBLIC AREA TOTAL BUILDING AREA	ANNUAL REVENUE: \$ OCCUPIED AREA: 90 FT OPEN TO PUBLIC AREA: 90 FT TOTAL BUILDING AREA: 90 FT
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LOC # STREET 1	CITY LIMITS STATE: TX CITY: Houston COUNTY: Harris	INTEREST OWNER DRAFT	A FULL TIME EMPL OPEN TO PUBLIC AREA TOTAL BUILDING AREA	ANNUAL REVENUE: \$ OCCUPIED AREA: 90 FT OPEN TO PUBLIC AREA: 90 FT TOTAL BUILDING AREA: 90 FT
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ANY AREA LEASED TO OTHERS?

NATURE OF BUSINESS

MANUFACTURER	CONTRACTOR	WAREHOUSE	RESTAURANT	SERVICE	DATE BUSINESS STARTED: IMMEDIATELY
CONDOMINIUM	NATIONAL	100K+	100K+	WEEKEND	

DESCRIPTION OF PRIMARY OPERATIONS

General construction and maintenance of steel, metal & masonry structures, including structural, non-structural, plants, buildings, water storage tanks, pump houses, fire sprinkler & alarm systems, structural support repairs to tilt wall buildings, new metal building HEV plant and miscellaneous emergency repairs.

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL REVENUE	INSTALLATION, SERVICE OR REPAIR WORK
--	--------------------------------------

RETAIL STORES OR SERVICE OPERATIONS % OF TOTAL REVENUE	4
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DESCRIPTION OF OPERATIONS OF OTHER NAMED INJUREES	6
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ADDITIONAL INTEREST (Not all fields apply to all scenarios - provide only the necessary data). Attach ACORD 45 for more Add'l/Spec Interests

INTEREST ADDITIONAL INSURED BREACH OF WARRANTY CO-OWNER EMPLOYEE AS LESSOR LESSOR/LESSEE OWNER LIENHOLDER	LOSS PAYEE MORTGAGEE CROWN REGISTRANT TRUSTEE	HIRE AND ADDRESS: NAME: <input type="text"/> EVIDENCE: <input type="text"/> CERTIFICATE: <input type="text"/> POLICY: <input type="text"/> BOND: <input type="text"/> INTEREST #: ITEM NUMBER: REFERENCE/LOAN #: <input type="text"/> Lien amount: <input type="text"/>	ITEMS: END DATE: <input type="text"/> PHONE (AC, No, Pn): <input type="text"/> FAX (AC, No): <input type="text"/> E-MAIL ADDRESS: <input type="text"/>	LOCATION: <input type="text"/> VEHICLE: <input type="text"/> AIRPORT: <input type="text"/> ITEM: <input type="text"/> C-ASS: <input type="text"/> ITEM DESCRIPTION: <input type="text"/>
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REASON FOR INTEREST

ACORD 125 (201109) IN6125 (201109)	Page 7 of 5	CVSH&
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GENERAL INFORMATION

EXPLAIN ALL "YES" RESPONSES

AGENT/CUSTOMER ID: 161000

Y/N

18. IS THE APPLICANT A SUBSIDIARY OF ANOTHER ENTITY?

(PARENT COMPANY NAME)

RELATIONSHIP DESCRIPTION

% OWNED

19. DOES THE APPLICANT HAVE ANY SUBSIDIARIES?

(SUBSIDIARY COMPANY NAME)

RELATIONSHIP DESCRIPTION

% OWNED

20. IS A FORMAL SAFETY PROGRAM IN OPERATION?

<input type="checkbox"/> YES - IT IS MANUAL	<input type="checkbox"/> YES - MONTHLY MEETINGS
<input type="checkbox"/> NO - IT IS AUTOMATIC	<input type="checkbox"/> NO - QUARTERLY

21. ANY EXPOSURE TO FLAMMABLES, EXPLOSIVES, CORROSIVES?

24. ANY OTHER INSURANCE WITH THIS COMPANY? (List policy numbers)

INSURER BUSINESS	POLICY NUMBER	LINE OF BUSINESS	TYPE OF INSURANCE

25. ANY POLICY OR COVERAGE THAT WOULD CANCELLED OR NOT ALLOWED DURING THE PAST THREE (3) YEARS FOR ANY PREMISES OR OPERATIONS? (All should be checked - Do not answer this question)

<input type="checkbox"/> NON PAYMENT	<input type="checkbox"/> ASKING FOR OTHER INSURERS CARRIER
<input type="checkbox"/> NON PAYMENT	<input type="checkbox"/> UNDERWRITING

26. ANY PAST (3) YEAR CLAIMS RELATING TO SEXUAL ABUSE OR MOLESTATION ALLEGATIONS, DISCRIMINATION OR NEG. IDENTIFICATION?

27. DURING THE LAST FIVE YEARS (TEN IN RI), HAS ANYONE BEEN CONVICTED OR FOUND GUILTY OF THE CRIME OF FRAUD, ARSON OR ANY OTHER ARSON RELATED CRIME IN CONNECTICUT OR WITH THIS OR ANY OTHER PROPERTY?
(In RI, this question must be answered by any applicant for property insurance. Failure to disclose the existence of an arrest conviction is a misdemeanor punishable by a sentence of up to one year of imprisonment).

28. ANY UNCORRECTED FIRE AND/OR SAFETY CODE VIOLATIONS?

OCCURRENCE DATE	EXPLANATION	REMEDIAL ACTION	RESOLUTION DATE

29. HAS APPLICANT HAD A FORECLOSURE, REORGANIZATION, BANKRUPTCY OR FILED FOR BANKRUPTCY DURING THE LAST FIVE (5) YEARS?

OCCURRENCE DATE	EXPLANATION	REMEDIAL ACTION	RESOLUTION DATE

30. HAS APPLICANT HAD A JUDGMENT AGAINST THEM DURING THE LAST FIVE (5) YEARS?

JUDGEMENT DATE	EXPLANATION	REMEDIAL ACTION	RESOLUTION DATE

31. HAS BUSINESS BEEN PLACED IN A TRUST?

(NAME OF TRUST)

32. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN USA, OR US PRODUCTS SOLD/INSTRIBUTED IN FOREIGN COUNTRIES?
(If "YES", attach ADDENDUM 2 for Liquor, Electrical and/or Auto and Other Products)

33. DOES APPLICANT HAVE OTHER INSURANCE VEHICLES FOR WHICH COVERAGE IS NOT REQUESTED?

REMARKS / PROCESSING INSTRUCTIONS (See OMB 101, Additional Remarks Subdium, may be attached if more space is required)

PRIOR CARRIER INFORMATION

YEAR	CATEGORY	GENERAL LIABILITY	AUTOMOBILE	PROPERTY	OTHER:
	CARRIER	Colony Insurance			
	POLICY NUMBER	103GL0004741			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	5/27/2016			
	EXPIRATION DATE	5/27/2017			
	CARRIER	Colony Insurance			
	POLICY NUMBER	103GL0004741			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	5/27/2015			
	EXPIRATION DATE	5/27/2016			
	CARRIER	Colony Insurance			
	POLICY NUMBER	103GL0004741			
	PREMIUM	\$	\$	\$	\$
	EFFECTIVE DATE	5/27/2014			
	EXPIRATION DATE	5/27/2015			

— LOSS HISTORY

Check if none. (Attach Loss Summary for Additional Loss Information)

ENTER ALL CLAIMS OR ACCIDENTS (REGARDLESS OF FAULT AND WHETHER OR NOT INSURED) OR OCCURRENCES THAT MAY GIVE RISE TO CLAIMS
FOR THE LAST YEARS

TOTAL LOSSES:

SIGNATURE

COPY OF THE NOTICE OF NON-EXAMINATION PRACTICES (OENNAC) HAS BEEN GIVEN TO THE APPLICANT. Over time, as circumstances change, consult your examinable laws and regulations for your state's requirements.)

NOTICE OF INSURANCE INFORMATION PRACTICES - PERSONAL INFORMATION ABOUT YOU MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRDPARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND NY SUBSTANTIALLY CIVIL PENALTIES. (See applicable SOO, COMM-F, FL, IL, MD, MN, MI, NH, OH, OK, DE, VT, or MA, LA, ME, TN and VA). Insurance benefits may also be denied.

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION IS MADE UP IN RELATION TO A CLAIM MADE BY THE APPLICANT.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INACCURATE, OR MISLEADING INFORMATION IS GUILTY OF A HELONY OR THE THIRD DEGREE.

IN KANSAS, ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEPRAVE, PRESENTS, CAUSES TO BE PRESENTED OR PREPARES WITH KNOWLEDGE OR BELIEF THAT IT WILL BE PRESENTED TO OR BY AN INSURER, PURPORTED INSURER, BROKER OR ANY AGENT THEREOF, ANY WRITTEN STATEMENT AS PART OF, OR IN SUPPORT OF, AN APPLICATION FOR THE ISSUANCE OF, OR THE RATING OF AN INSURANCE POLICY FOR PERSONAL OR COMMERCIAL INSURANCE, OR A CLAIM FOR PAYMENT ON OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY FOR COMMERCIAL OR PERSONAL INSURANCE WHICH SUCH PERSON KNOWS TO CONTAIN MATERIALLY FAIR INFORMATION CONCERNING ANY FACT MATERIAL THERETO; OR CONCEALS, FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITTE A FRAUDULENT INSURANCE ACT.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEBATING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

PRODUCER'S SIGNATURE 	PRODUCER'S NAME (Please Print) Bethany Loving	STATE PRODUCER LICENSE NO. (Required in Florida)
APPLICANT'S SIGNATURE 	DATE 05/29/17	NATIONAL PROD. # NUMBER

COMMENTS/REMARKS

*****General Information Remarks Continued*****

*** Business Information ***

Controlling State: TX
SIC Code: 150000

***** Prior Carrier Information Continued *****

Line of Business: CGL
Carrier: Colony Insurance Company
Policy: GL900742
Effective Date: 6/27/2013 Expiration Date: 6/27/2014

Line of Business: CGL
Carrier: Colony Insurance Company
Policy: GL900742
Effective Date: 6/27/2012 Expiration Date: 6/27/2013

16

19-cv-04274 Document 127-1 Filed on 03/26/20 in TXSD Page 1 of 1

Agency	ABC Motor (713) 490-4600 FAX (713) 490-4702	APPLICANT	ABC Construction Services, Inc. (First Name Inured)	
T&I Southwest	19611 Katy Freeway, Suite 500	EFFECTIVEDATE	EXPIRATIONDATE	PAYMENTPLAN
Houston	TX 77024	06/27/2017	06/27/2019	AUTO-CYBIL
CODE	SUB 000E	FOR	COMPANY	AUDIT
AGENCY	761238	UBC/NLT		
SUBSCRIBER				
COVERAGES		LIMITS		
X COMMERCIAL GENERAL LIABILITY		GENERAL AGGREGATE	\$2,000,000	PREMISES
<input checked="" type="checkbox"/> CLAIMS MADE		PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$2,000,000	OPERATIONS
OWNERS & CONTRACTOR'S PROTECTIVE		PERSONAL & ADVERTISING INJURY	\$1,000,000	0.00
		PEACH OCCURRENCE	\$1,000,000	PRODUCTS
DEDUCTIBLES		DAMAGE TO RENTED PREMISES (per occurrence)	\$100,000	0.00
100% VENDORS		MEDICAL EXPENSE (A) IN ONE PERSON	\$5,000	OTHER
BOOKS / BLDW		EMPLOYEE BENEFITS	\$1	0.03
IN & CO		\$1,000		TOTAL

Comments: Blanket Addendum "Required initial coverage for completed operations as required by written contract."

Coverage: Aggregate Limit-Per Project
*(Please see remarks page)

SCHEDULE OF HAZARDS

ЗАПРОСЫ РЕДАКТОРУ ЗАГЛАВИ

TEL AVIV 61000, ISRAEL

2010-03-26 10:45:00

• 100 •

Digitized by srujanika@gmail.com

Digitized by srujanika@gmail.com

אנו מודים לך על תרומותך - מטר 1,246,250 ₪

2014

CLARAS MADISON "Until all Yea" recommends

1. PROPOSED RETROACTIVITY
2. ENTRY DATE INTO UNINTERRUPTED CLAIMS DATES PAGE
3. HAS ANY PREVIOUS INJURY, ACCIDENT, OR LOCATION BEEN EXCLUDED OR NOT INSURED FROM ANY PREVIOUS POLICY
4. WAS THE COVERAGE PLACED INSURANCE FOR ANY PREVIOUS POLICY

EMPLOYEE BENEFITS LIABILITY

1. INSURER/PERIODICITY: A 13. NUMBER OF EMPLOYEES COVERED BY EMPLOYEE (4-K-115, H-ANSI)
2. NUMBER OF PAYCYCLES: 14. RETROACTIVE DATE:
ACORD 126 (2007/05) CVS/HA Page 1 of 5 © ACORD CORPORATION 1993-2007. All rights reserved.
INSURER/PERIODICITY: A
NUMBER OF PAYCYCLES: 14. RETROACTIVE DATE:
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EXPLAIN ALL "YES" RESPONSES (for past or present operations) Y/N

1. DOES APPLICANT DRAW PLANS, DESIGNS, OR SPECIFICATIONS FOR OTHERS?	<input type="checkbox"/>
2. DO ANY OPERATIONS INCLUDE BLASTING OR UTILIZE OR STORE EXPLOSIVE MATERIAL?	<input type="checkbox"/>
3. DO ANY OPERATIONS INCLUDE EXCAVATION, TUNNELING, UNDERGROUND WORK OR EARTH MOVING?	<input type="checkbox"/>
4. DO YOUR SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN YOURS?	<input type="checkbox"/>
5. ARE SUBCONTRACTORS ALLOWED TO WORK WITHOUT PROVIDING YOU WITH A CERTIFICATE OF INSURANCE?	<input type="checkbox"/>
6. DOES APPLICANT LEASE EQUIPMENT TO OTHERS WITH OR WITHOUT OPERATORS?	<input type="checkbox"/>
DESCRIBE THE TYPE OF WORK SUBCONTRACTED % PAID TO SUB- CONTRACTORS: % OF WORK SUBCONTRACTED: # FULL- TIME STAFF: # PART- TIME STAFF:	

PRODUCTS/COMPLETED OPERATIONS

PRODUCT'S	ANNUAL GROSS SALES	# OF UNITS	TIME IN MARKET	EXPECTED LIFE	ORIGIN OF USE	PRINCIPAL COMPONENTS

EXPLAIN ALL "YES" RESPONSES (for any past or present product or operation) PLEASE ATTACH LITERATURE, BROCHURES, LABELS, WARNINGS, ETC. Y/N

1. DOES APPLICANT INSTALL, SERVICE OR DEMONSTRATE PRODUCTS?	<input type="checkbox"/>
2. FOREIGN PRODUCTS SOLD, DISTRIBUTED, USED AS COMPONENTS? (If YES, attach ACORD-815)	<input type="checkbox"/>
3. RESEARCH AND DEVELOPMENT CONDUCTED OR NEW PRODUCTS PLANNED?	<input type="checkbox"/>
4. GUARANTEES, WARRANTIES, HOLD HARMLESS AGREEMENTS?	<input type="checkbox"/>
5. PRODUCTS RELATED TO AIRCRAFT/SPACE INDUSTRY?	<input type="checkbox"/>
6. PRODUCTS RECALLED, DISCONTINUED, CHANGED?	<input type="checkbox"/>
7. PRODUCTS OF OTHERS SOLD OR RE-PACKAGED UNDER APPLICANT LABEL?	<input type="checkbox"/>
8. PRODUCTS UNDER LABEL OF OTHERS?	<input type="checkbox"/>
9. VENDORS COVERAGE REQUIRED?	<input type="checkbox"/>
10. DOES ANY NAMED INSURED SELL TO OTHER NAMED INSUREDS?	<input type="checkbox"/>

ADDITIONAL INFORMATION/CERTIFICATE RECIPIENT			ACCORD 45 subsection IV.C.2(d) definitions		CERTIFICATE REQUIRED		INFO-H-1 KITCAT NUMBER	
INTEREST	NAME	NAME AND ADDRESS	REFERENCE #				LOCATION	NUMBER
ADDITIONAL INSURED							VEHICLE	BOAT
LAW PAYEE							SCHEDULED ITEM NUMBER	
MORTGAGEE							OTHER	
LICENCIOR								
EMPLOYEE AS LESSOR								
ITEM DESCRIPTION:								
GENERAL INFORMATION								
EXPLAIN ALL HAZARDOUS/THREATENING ACTIVITIES OR OPERATIONS:								
1. ANY MEDICAL FACILITIES PROVIDED OR MEDICAL PROFESSIONALS EMPLOYED OR CONTRACTED?								
2. ANY EXPOSURE TO RADIATION/NUCLEAR MATERIALS?								
3. DOES ANY PRESENT OR DISCLOSED OPERATION INVOLVE STORING, TREATING, DISCHARGING, APPLYING, DEPOSING OR TRANSPORTING HAZARDOUS MATERIAL? (e.g. asbestos, wastes, fuel tanks, etc.)								
4. ANY OPERATION IS GOLD, ACQUIRED, OR DISCONTINUED IN THE PAST FIVE (5) YEARS?								
5. MACHINERY OR EQUIPMENT OWNED OR HIRRED OR RENTED?								
6. ANY WATERCRAFT, DOCKS, FLOATS OWNED, HIRED OR LEASER?								
7. ANY PARKING FACILITIES OWNED/RENTED?								
8. IS A FEE CHARGED FOR PARKING?								
9. RECREATION FACILITIES PROVIDED?								
10. IS THERE A SWIMMING POOL ON THE PROPERTY?								
11. SPORTING OR SOCIAL EVENTS SPONSORED?								
12. ANY STRUCTURAL ALTERATIONS CONTEMPLATED?								
13. ANY EXPLOSION EXPOSURE DUE TO MINING?								
14. HAS APPLICANT BEEN ACTIVE IN OR IS CURRENTLY ACTIVE IN JOINT VENTURES?								
15. DO YOU HAVE EMPLOYEES TO OR FROM OTHER EMPLOYERS?								
16. IS THERE A LABOR INTERCHANGE WITH ANY OTHER BUSINESS OR SUBSIDIARY?								



Case 4:19-cv-04274 Document 127-1 Filed on 03/26/20 in TXSD Page 14 of 28

EXPLAIN ALL USES RESPONSES FOR ALL PREVIOUS OPERATIONS

17. ARE DAY CARE FACILITIES IMPRISONED OR CONTROLLED?

18. HAVE ANY CRIMES OCCURRED OR BEEN ATTEMPTED ON YOUR PREMISES WITHIN AT LEAST 12 MONTHS?

19. IS THERE A FORMAL, WRITTEN SAFETY AND SECURITY POLICY IN EFFECT?

20. DOES THE BUSINESS' PROMOTIONAL LITERATURE MAKE ANY REPRESENTATIONS ABOUT THE SAFETY OR SECURITY OF THE PREMISES?

REMARKS

***** ADDITIONAL HAZARD INFORMATION *****

Hazard # 2
Premises Basis: Cost of Work Done Or Contracts

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [INT: SUBSTANTIAL] CIVIL PENALTIES. Not applicable in CO, FL, HI, MA, ME, OH, OK, OR, RI, VT, WI, DC, LA, MD, NC, VA & WA (unless otherwise indicated by law).

COMMENTS/REMARKS

Coverage: Blanket Waiver of Subordination as required by relevant contract.

Coverage: Additional Insured Primary & Non-Contributory as required by written contract.

Coverage: 30-day NOC; Toshiba International Corporation; 13131 W Little York Rd. Houston TX 77041

Coverage: 30-day NOC; Blanket where required by written contract.

Coverage? Designated Operations Exclusion-work performed by E&T Professionals, Inc.

Coverage: Commercial General Liability

MOTOR CARRIER SECTION

COVERAGES	COVERED AUTO SYMBOLS			LIMITS		PHYSICAL DAMAGE							
						CS	BI	EAPER	\$	COVERAGES	COVERED AUTO SYMBOLS	LIMITS	
LIABILITY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BI	ACCIDENT	\$	COMPREHENSIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE	\$	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
PERSONAL INJURY PROTECTION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BACH PERSON AUTO DEATH INJINITY	\$	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TOTAL DISABILITY	\$		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$		
MEDICAL PAYMENTS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BACH PERSON	\$	TOWNS & LABOR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$			
UNINSURED/UNDERINSURED MOTORIST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CS BI EAPER	\$	COLLISION	TRAILER INTERCHANGE						
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	BI EACH ACCIDENT	\$		COVERAGES	SYMBOL	# TRAILERS	STATE	# DAYS	RADIUS	DEDUCTIBLE
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PROPERTY DAMAGE	\$		COMPREHENSIVE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
NON-TRUCKERS HIRED/BORROWED	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS	Hired Physical Damage	SPECIFIED CAUSES OF LOSS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	
	NO		\$				COLLISION	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	YES	STATES	COST OF HIRE	<input type="checkbox"/>	IF ANY BASIS		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	NO		\$				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HIRED/BORROWED LIABILITY	YES	STATES	GROUP TYPE	NUMBER OF		OTHER	COLLISION IS:		PRIMARY	SECONDARY			
	NO		EMPLOYEES										
			VOLUNTEERS										
			PARTNERS										
OTHER													
COVERED AUTO SYMBOLS			(1) OWNED COMMERCIAL AUTOS ONLY (2) OWNED AUTOS SUBJECT TO NO FAULT (3) OWNED AUTOS SUBJECT TO A COMPULSORY UNINSURED MOTORIST LAW			(4) SPECIFICALLY DESCRIBED AUTOS (5) HIRED AUTOS ONLY (6) TRAILERS IN YOUR POSSESSION UNDER A TRAILER INTERCHANGE AGREEMENT (7) NON OWNED AUTOS ONLY			(8) YOUR TRAILERS IN THE POSSESSION OF ANOTHER TRAILER UNDER A TRAILER INTERCHANGE AGREEMENT				

ENDORSEMENTS

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE, AND SUBSEQUENT RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND FINANCIAL INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

I UNDERSTAND AND ACKNOWLEDGE THAT UNINSURED/UNDERINSURED MOTORISTS (UIM/UIM), BODILY INJURY (BI) AND PROPERTY DAMAGE (PD) COVERAGES HAVE BEEN EXPLAINED TO ME. I HAVE BEEN OFFERED THE OPTIONS OF SELECTING UIM/UIM LIMITS EQUAL TO MY LIABILITY LIMITS, UIM/UIM LIMITS LOWER THAN MY LIABILITY LIMITS OR TO REJECT UIM/UIM AND/OR UIM/UIM PD COVERAGES ENTIRELY.

1. I SELECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY LIMIT(S) INDICATED IN THIS APPLICATION. _____ (INITIALS)

2. I REJECT UNINSURED/UNDERINSURED MOTORISTS BODILY INJURY AND PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

3. I REJECT ONLY UNINSURED/UNDERINSURED MOTORISTS PROPERTY DAMAGE COVERAGE IN ITS ENTIRETY. _____ (INITIALS)

I UNDERSTAND AND ACKNOWLEDGE THAT PERSONAL INJURY PROTECTION COVERAGE HAS BEEN EXPLAINED TO ME AND I HAVE BEEN OFFERED THIS COVERAGE. IF I HAVE REJECTED THIS COVERAGE, MY INITIALS ARE INCLUDED HERE. _____ (INITIALS)

I UNDERSTAND THAT THE COVERAGE SELECTION AND LIMIT CHOICES INDICATED HERE OR IN ANY STATE SUPPLEMENT WILL APPLY TO ALL FUTURE POLICY RENEWALS, CONTINUATIONS AND CHANGES UNLESS I NOTIFY YOU OTHERWISE IN WRITING.

APPLICANT'S SIGNATURE

DATE
07/24/12

PRODUCER'S SIGNATURE

ACORD 137 TX (80202)

INS137TX (02/2003)

Page 2 of 3

CVSHA

COMMENTS/REMARKS

*****Additional Coverages*****

***** POLICY LEVEL COVERAGES *****

Combined Single Limit

Additional Insured: Blanket - When required by written contract

Waiver of Subrogation: Blanket - When required by written contract

Primary and Non-Contributory: Blanket - When required by written contract

90-day NOC: Blanket - When required by written contract

*****Hired/Borrowed Coverage*****

State: TX Class Code: 99999

Cost of Hire: If Any

Hired/Borrowed Minimum: Y

*****Non Owned Coverages*****

State: TX Class Code: 99999

9-cv-04274 Document 127-1 Filed on 03/26/20 in TXSD Page 1 of 1

KJ CONSTRUCTION
140 JAMES BROWN RD.
5/09/2017

AGENCY NAME AND ADDRESS USI Southwest 9811 Katy Freeway, Suite 500		COMPANY Marketing Application Only UNDETERMINED APPLICANT NAME: KIT Construction Services, Inc. CITY PHONE: MOBILE PHONE: MAILING ADDRESS (including ZIP + 1 or Canadian Postal Code) 2100 W. Sam Houston Parkway S SUITE 150000 NACS: 59999 WEBSITE: ADDRESS: WWW.kitprofs.com EMAIL ADDRESS: skalagaa@kitprofs.com TELEPHONE: (281) 241-1114 FAX: (281) 241-1114 TAX ID#: (610) 537-9248 EMAIL: cindy.smithson@usisw.com CODE: Bus Code: AGENCY CUSTOMER ID: T31238	
PRODUCER NAME: House Account - Houston CARRIER/REPRESENTATIVE: Cindy Smithson OFFICE PHONE: (713) 490-4740 MOBILE PHONE: FAX: (610) 537-9248 EMAIL: cindy.smithson@usisw.com CODE:		Houston TX 77042 EMAIL ADDRESS: skalagaa@kitprofs.com TELEPHONE: (281) 241-1114 FAX: (281) 241-1114 TAX ID#: (610) 537-9248 EMAIL: cindy.smithson@usisw.com CODE: Bus Code: AGENCY CUSTOMER ID: T31238	INTEGRATED: X OTHER REGISTRATION: _____ INJURIES: OTHER RATING BUREAU IN USE: X FMP OVER REGISTRATION NUMBER:
		FEDERAL EMPLOYER ID NUMBER SOCRIS ID NUMBER SOCRIS ID NUMBER SOCRIS ID NUMBER	

STATUS OF SUBMISSION

BUDGING/AUDIT INFORMATION

QUOTE	ISSUE POLICY	MAINTENANCE	RETENTION	VALUATION
SOURCE (from disclosure statement)	AS REQUESTED	AKTIVUM	12	AT EXPIRATION
ASSUMED RISK (Match ACORE 100)	EMPTY BIL	SEPARATELY	12M-ANNUAL	MONTHLY

LOCATIONS

LOW. # STREET/CITY COUNTY. STATE BY CODE
2900 W. Sam Houston Parkway S Ste 140C
1. Houston Harris TX 77042

POLICY INFORMATION

PROPOSED EFF DATE	PROPOSED END DATE	NOMINAL ANNIVERSARY RATING DATE	PARTICIPATING	RETIREMENT PLAN
06/27/2017	06/27/2018		NONPARTICIPATING	
PART I - WORKERS COMPENSATION (OPTIONAL)	PART II - EMPLOYER'S LIABILITY	PART III - OTHER STATEMENTS	DEPOSITS	AMOUNT (\$)
TX	\$ 1,000,000 LIABILITY POLY		INITIAL	100,000
	\$ 1,000,000 DUST POLICY (INT)		ADDITIONAL	100,000
	\$ 1,000,000 HAZ - PEST POLY		TERMINAL	100,000
DIVISION PLANS/SAFETY GROUP	ADDITIONAL COMPANY INFORMATION			

PROPERTY AND LIABILITY COVERAGE FORMS

See Remarks

TOTAL ESTIMATED ANNUAL PREMIUM - ALL STATES

TOTAL ESTIMATED ANNUAL PREMIUM ALL STATES TOTAL MINIMUM PREMIUM ALL STATES TOTAL DEPOSIT PREMIUM ALL STATES

COMING UP IN THIS ISSUE

NAME	DRIVER PHONE	MOBILE PHONE	EMAIL
Sophie Skelaga	(713) 783-6790 x342	(713) 445-6431	skelaga@ccarols.com
Sam			
CLAIMS			
REC.			

INDIVIDUALS INCLUDED/EXCLUDED

STATE RATING WORKSHEET									
FOR MULTIPLE STATES, ATTACH AN ADDITIONAL PAGE 2 OF THIS FORM									
RATING INFORMATION - STATE: TX									
LOC#	CLASS CODE	OCER CO#:	CAT/DOCS, DUTIES, CLASSIFICATIONS	EMPLOYEES L1 L2 L3 L4 L5 L6 L7 L8 L9 L10 L11 L12 L13 L14 L15 L16 L17 L18 L19 L20 L21 L22 L23 L24 L25 L26 L27 L28 L29 L30 L31 L32 L33 L34 L35 L36 L37 L38 L39 L40 L41 L42 L43 L44 L45 L46 L47 L48 L49 L50 L51 L52 L53 L54 L55 L56 L57 L58 L59 L60 L61 L62 L63 L64 L65 L66 L67 L68 L69 L70 L71 L72 L73 L74 L75 L76 L77 L78 L79 L80 L81 L82 L83 L84 L85 L86 L87 L88 L89 L90 L91 L92 L93 L94 L95 L96 L97 L98 L99 L100 L101 L102 L103 L104 L105 L106 L107 L108 L109 L110 L111 L112 L113 L114 L115 L116 L117 L118 L119 L120 L121 L122 L123 L124 L125 L126 L127 L128 L129 L130 L131 L132 L133 L134 L135 L136 L137 L138 L139 L140 L141 L142 L143 L144 L145 L146 L147 L148 L149 L150 L151 L152 L153 L154 L155 L156 L157 L158 L159 L160 L161 L162 L163 L164 L165 L166 L167 L168 L169 L170 L171 L172 L173 L174 L175 L176 L177 L178 L179 L180 L181 L182 L183 L184 L185 L186 L187 L188 L189 L190 L191 L192 L193 L194 L195 L196 L197 L198 L199 L200 L201 L202 L203 L204 L205 L206 L207 L208 L209 L210 L211 L212 L213 L214 L215 L216 L217 L218 L219 L220 L221 L222 L223 L224 L225 L226 L227 L228 L229 L229 L230 L231 L232 L233 L234 L235 L236 L237 L238 L239 L239 L240 L241 L242 L243 L244 L245 L246 L247 L248 L249 L249 L250 L251 L252 L253 L254 L255 L256 L257 L258 L259 L259 L260 L261 L262 L263 L264 L265 L266 L267 L268 L269 L269 L270 L271 L272 L273 L274 L275 L276 L277 L278 L279 L279 L280 L281 L282 L283 L284 L285 L286 L287 L288 L289 L289 L290 L291 L292 L293 L294 L295 L296 L297 L298 L299 L299 L300 L301 L302 L303 L304 L305 L306 L307 L308 L309 L309 L310 L311 L312 L313 L314 L315 L316 L317 L318 L319 L319 L320 L321 L322 L323 L324 L325 L326 L327 L328 L329 L329 L330 L331 L332 L333 L334 L335 L336 L337 L338 L339 L339 L340 L341 L342 L343 L344 L345 L346 L347 L348 L349 L349 L350 L351 L352 L353 L354 L355 L356 L357 L358 L359 L359 L360 L361 L362 L363 L364 L365 L366 L367 L368 L369 L369 L370 L371 L372 L373 L374 L375 L376 L377 L378 L379 L379 L380 L381 L382 L383 L384 L385 L386 L387 L388 L389 L389 L390 L391 L392 L393 L394 L395 L396 L397 L398 L399 L399 L400 L401 L402 L403 L404 L405 L406 L407 L408 L409 L409 L410 L411 L412 L413 L414 L415 L416 L417 L418 L419 L419 L420 L421 L422 L423 L424 L425 L426 L427 L428 L429 L429 L430 L431 L432 L433 L434 L435 L436 L437 L438 L439 L439 L440 L441 L442 L443 L444 L445 L446 L447 L448 L449 L449 L450 L451 L452 L453 L454 L455 L456 L457 L458 L459 L459 L460 L461 L462 L463 L464 L465 L466 L467 L468 L469 L469 L470 L471 L472 L473 L474 L475 L476 L477 L478 L479 L479 L480 L481 L482 L483 L484 L485 L486 L487 L488 L489 L489 L490 L491 L492 L493 L494 L495 L496 L497 L498 L499 L499 L500 L501 L502 L503 L504 L505 L506 L507 L508 L509 L509 L510 L511 L512 L513 L514 L515 L516 L517 L518 L519 L519 L520 L521 L522 L523 L524 L525 L526 L527 L528 L529 L529 L530 L531 L532 L533 L534 L535 L536 L537 L538 L539 L539 L540 L541 L542 L543 L544 L545 L546 L547 L548 L549 L549 L550 L551 L552 L553 L554 L555 L556 L557 L558 L559 L559 L560 L561 L562 L563 L564 L565 L566 L567 L568 L569 L569 L570 L571 L572 L573 L574 L575 L576 L577 L578 L579 L579 L580 L581 L582 L583 L584 L585 L586 L587 L588 L589 L589 L590 L591 L592 L593 L594 L595 L596 L597 L598 L599 L599 L600 L601 L602 L603 L604 L605 L606 L607 L608 L609 L609 L610 L611 L612 L613 L614 L615 L616 L617 L618 L619 L619 L620 L621 L622 L623 L624 L625 L626 L627 L628 L629 L629 L630 L631 L632 L633 L634 L635 L636 L637 L638 L639 L639 L640 L641 L642 L643 L644 L645 L646 L647 L648 L649 L649 L650 L651 L652 L653 L654 L655 L656 L657 L658 L659 L659 L660 L661 L662 L663 L664 L665 L666 L667 L668 L669 L669 L670 L671 L672 L673 L674 L675 L676 L677 L678 L679 L679 L680 L681 L682 L683 L684 L685 L686 L687 L688 L689 L689 L690 L691 L692 L693 L694 L695 L696 L697 L698 L699 L699 L700 L701 L702 L703 L704 L705 L706 L707 L708 L709 L709 L710 L711 L712 L713 L714 L715 L716 L717 L718 L719 L719 L720 L721 L722 L723 L724 L725 L726 L727 L728 L729 L729 L730 L731 L732 L733 L734 L735 L736 L737 L738 L739 L739 L740 L741 L742 L743 L744 L745 L746 L747 L748 L749 L749 L750 L751 L752 L753 L754 L755 L756 L757 L758 L759 L759 L760 L761 L762 L763 L764 L765 L766 L767 L768 L769 L769 L770 L771 L772 L773 L774 L775 L776 L777 L778 L779 L779 L780 L781 L782 L783 L784 L785 L786 L787 L788 L789 L789 L790 L791 L792 L793 L794 L795 L796 L797 L798 L799 L799 L800 L801 L802 L803 L804 L805 L806 L807 L808 L809 L809 L810 L811 L812 L813 L814 L815 L816 L817 L818 L819 L819 L820 L821 L822 L823 L824 L825 L826 L827 L828 L829 L829 L830 L831 L832 L833 L834 L835 L836 L837 L838 L839 L839 L840 L841 L842 L843 L844 L845 L846 L847 L848 L849 L849 L850 L851 L852 L853 L854 L855 L856 L857 L858 L859 L859 L860 L861 L862 L863 L864 L865 L866 L867 L868 L869 L869 L870 L871 L872 L873 L874 L875 L876 L877 L878 L879 L879 L880 L881 L882 L883 L884 L885 L886 L887 L888 L889 L889 L890 L891 L892 L893 L894 L895 L896 L897 L898 L899 L899 L900 L901 L902 L903 L904 L905 L906 L907 L908 L909 L909 L910 L911 L912 L913 L914 L915 L916 L917 L918 L919 L919 L920 L921 L922 L923 L924 L925 L926 L927 L928 L929 L929 L930 L931 L932 L933 L934 L935 L936 L937 L938 L939 L939 L940 L941 L942 L943 L944 L945 L946 L947 L948 L949 L949 L950 L951 L952 L953 L954 L955 L956 L957 L958 L959 L959 L960 L961 L962 L963 L964 L965 L966 L967 L968 L969 L969 L970 L971 L972 L973 L974 L975 L976 L977 L978 L979 L979 L980 L981 L982 L983 L984 L985 L986 L987 L988 L989 L989 L990 L991 L992 L993 L994 L995 L996 L997 L998 L999 L999 L1000 L1001 L1002 L1003 L1004 L1005 L1006 L1007 L1008 L1009 L1009 L1010 L1011 L1012 L1013 L1014 L1015 L1016 L1017 L1018 L1019 L1019 L1020 L1021 L1022 L1023 L1024 L1025 L1026 L1027 L1028 L1029 L1029 L1030 L1031 L1032 L1033 L1034 L1035 L1036 L1037 L1038 L1039 L1039 L1040 L1041 L1042 L1043 L1044 L1045 L1046 L1047 L1048 L1049 L1049 L1050 L1051 L1052 L1053 L1054 L1055 L1056 L1057 L1058 L1059 L1059 L1060 L1061 L1062 L1063 L1064 L1065 L1066 L1067 L1068 L1069 L1069 L1070 L1071 L1072 L1073 L1074 L1075 L1076 L1077 L1078 L1079 L1079 L1080 L1081 L1082 L1083 L1084 L1085 L1086 L1087 L1088 L1089 L1089 L1090 L1091 L1092 L1093 L1094 L1095 L1096 L1097 L1098 L1099 L1099 L1100 L1101 L1102 L1103 L1104 L1105 L1106 L1107 L1108 L1109 L1109 L1110 L1111 L1112 L1113 L1114 L1115 L1116 L1117 L1118 L1119 L1119 L1120 L1121 L1122 L1123 L1124 L1125 L1126 L1127 L1128 L1129 L1129 L1130 L1131 L1132 L1133 L1134 L1135 L1136 L1137 L1138 L1139 L1139 L1140 L1141 L1142 L1143 L1144 L1145 L1146 L1147 L1148 L1149 L1149 L1150 L1151 L1152 L1153 L1154 L1155 L1156 L1157 L1158 L1159 L1159 L1160 L1161 L1162 L1163 L1164 L1165 L1166 L1167 L1168 L1169 L1169 L1170 L1171 L1172 L1173 L1174 L1175 L1176 L1177 L1178 L1179 L1179 L1180 L1181 L1182 L1183 L1184 L1185 L1186 L1187 L1188 L1189 L1189 L1190 L1191 L1192 L1193 L1194 L1195 L1196 L1197 L1198 L1199 L1199 L1200 L1201 L1202 L1203 L1204 L1205 L1206 L1207 L1208 L1209 L1209 L1210 L1211 L1212 L1213 L1214 L1215 L1216 L1217 L1218 L1219 L1219 L1220 L1221 L1222 L1223 L1224 L1225 L1226 L1227 L1228 L1229 L1229 L1230 L1231 L1232 L1233 L1234 L1235 L1236 L1237 L1238 L1239 L1239 L1240 L1241 L1242 L1243 L1244 L1245 L1246 L1247 L1248 L1249 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PRIOR CARRIER INFORMATION/LOSS HISTORY

AGENCY CUSTOMER NO. 76244

YEAR	CARRIER & POLICY NUMBER	ANNUAL PREMIUM	DGS RIN ATTACHED		
			WBD	# CLAIMS	AMOUNT PAID
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GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES		YES	NO
13. ANY EMPLOYEES WITH PHYSICAL HANDICAPS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. DO EMPLOYEES TRAVEL OUT OF STATE? (If "Yes", indicate state[s] or travel and frequency)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. ARE ATHLETIC TEAMS SPONSORED?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
16. ARE PHYSICALS REQUIRED AFTER OFFERS OF EMPLOYMENT ARE MADE?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. ANY OTHER INSURANCE WITH THIS INSURER?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. ANY PRIOR COVERAGE SECURED/CANCELLATION/RENEWED IN THE LAST THREE (3) YEARS? (Not applicable in MO)		<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. ARE EMPLOYEE HEALTH PLANS INDIVIDUAL?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?		<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "Yes", # of Employees: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. ANY TAX LIEVE OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? If "Yes", please specify		<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. ANY UNDULATED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISE(S)? If Yes, EXPLAIN (INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S))		<input type="checkbox"/>	<input checked="" type="checkbox"/>

REMARKS (Attach additional sheets if more space is required)

APPLICABLE IN TENNESSEE AND VERMONT: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO ANY PARTY TO A WORKERS COMPENSATION TRANSACTION FOR THE PURPOSE OF COMMITTING FRAUD. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR, TN or VT; in DC, LA, ME, VA and WA, insurance benefits may also be denied)

APPLICANT'S SIGNATURE (Must be Officer/Director or Partner)	DATE 01/24/12	PRODUCER'S SIGNATURE <i>Seamus J. Xaver</i>	NATIONAL PRODUCER NUMBER
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ACORD 130 (2007/11)
INS130 (2011-12)

Page 4 of 5

CVSHA

KALAGA_GJ_00042826
KIT_CIVIL_00039719

COMMENTS/REMARKS

*****ADDITIONAL INFORMATION*****

*****ADDITIONAL COVERAGES*****

*** Policy Level ***

Coverage: NCEL Description: Workers' Comp & Employer's Liab
 Workers' Compensation Statutory Limits Apply

Coverage: STATU Description: Statutory Limits
 Workers' Compensation Statutory Limits Apply

Coverage: BWAIV Description: Blanket Waiver of Subrogation
 Workers' Compensation Statutory Limits Apply

*****SUPPLEMENTAL NAMES*****

Supplementary Name: KIT Construction Services, Inc.
 Legal Entity: C Corporation



UMBRELLA / EXCESS SECTION

ANSWER

DATE IMM TO (YYYYMM)
05/09/2017

IMPORTANT - If claims made is checked in the POLICY INFORMATION section below, this is an application for a claims-made policy.

AGENCY USI Southwest	CARRIER	NAIC CODE
POLICY NUMBER: APPXSI70810	Effective Date 18/27/2017	Marketing Application MANO INSURANCE KIT Construction Services, Inc.

வாய்மையின் போதுமொத்தம்

TRANSACTION TYPE: OWNERSHIP OCCUPANT RETROACTIVE DATE: 3/31/00
 EXEMPT EXCESS CLAIMS PAID: \$8,700.00 CUMULATIVELY: \$0.00
EXPIRING POL.: APRIL 30, 2013 FIRST DOLLAR DEFENSE X/Y/M: X

EMPLOYEE BENEFITS LIABILITY

LIMIT OF INSURANCE (Ex EMPLOYEE) **AGGREGATE LIMIT FOR EBL** **RETAINED LIMIT FOR EBL** **RETROACTIVE DATE FOR EBL**

\$ _____ \$ _____ \$ _____ \$ _____

NAME OF BENEFIT PROGRAM

PRIMARY LOCATION & SUBSUMMARIES RECORD 125

UNDERLYING INSURANCE

ACORD 131 (2008v10)

CVSHE 1255 101725Z

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IN6131-131011

Attachment to AGO-BR-125 and AGO-BR-126

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UNDERLYING INSURANCE (continued)AGENCY CUSTOMER INFORMATION

UNDERLYING GENERAL LIABILITY INFORMATION (Exhibit A, "EX-104007505")			
1. ALL DEFENSE COSTS:		WITHIN AGGREGATE LIMITS	A SEPARATE LIMIT
2. INDICATE THE ENTRY DATE OF THE ISU FORM OR SIVILAK FILING FOR THE UNDERLYING COVERAGE.			
3. HAS ANY PRODUCT, WORK, ACCIDENT, OR LOCATION BEEN EXCLUDED, UNINSURED OR SELF-INSURED FROM ANY PREVIOUS COVERAGE(S) (Y/N)			
4. IF YES, CLAIMS MADE, INDICATE RETROACTIVE DATE OF CURRENT UNDERLYING POLICY			
5. FOR CLAIMS MADE, INDICATE ENTRY DATE, NO. UNINTERRUPTED CLAIMS MADE - COULD BE 0			
6. WITH CLAIMS MADE, WAS FULL COVERAGE PURCHASED FOR ANY PREVIOUS PRIMARY OR EXCESS POLICY? (Y/N) IF NO, DATE			

7. CHECK ALL CONTRACTS, ETC., IN THE CONTRACTS, ETC., SECTION WHICH PROVIDE FOR FULL COVERAGE AND RETROACTIVE DATES FOR DIFFERENT LIMITS, PERIODS, OR END DATES. EXPLAIN ANY SPECIAL COVERAGES BEYOND STANDARD FORMS, EXPLAIN ALL UNPUBLISHED

CHECK IF APPROPRIATE	COVERAGE	EXPOSURE	COVERAGE	EXPOSURE
<input checked="" type="checkbox"/> VEHICLE LIABILITY	CAR, C. PERSONAL CONTRACT		PERSONAL LIABILITY	
<input checked="" type="checkbox"/> EMPLOYEE BENEFIT LIABILITY	EMPLOYEE BENEFIT LIABILITY		VENDOR LIABILITY	
<input checked="" type="checkbox"/> COMMERCIAL LIABILITY	COMMERCIAL LIABILITY		MANUFACTURER LIABILITY	
<input checked="" type="checkbox"/> INCIDENT PERSONAL LIABILITY	INCIDENT PERSONAL LIABILITY			
<input checked="" type="checkbox"/> AIRCRAFT PASSENGER LIABILITY	AIRCRAFT PASSENGER LIABILITY			
<input checked="" type="checkbox"/> POLLUTION LIABILITY	POLLUTION LIABILITY			

UNCHECKED ITEMS WILL NOT BE USED IN DETERMINING WHETHER A RESTRICTION OR ENFORCEMENT IS DISMISSED, SUSPENDED, OR EXTENDED OR IF A CLAIM IS REOPENED, REVALUED, OR RECALLED.

THE FOLLOWING INFORMATION IS FOR USE IN DETERMINING WHETHER A RESTRICTION OR ENFORCEMENT IS DISMISSED, SUSPENDED, OR EXTENDED. IF ANY DATE, CONTRACT, DESCRIPTION, AMOUNT, OR OUTSTANDING BALANCE IS UNKNOWN, LEAVE BLANK. If more space is needed, attach a separate sheet.

NO SUCH CLAIMS

CARE, CUSTODY, CONTROL

USE	PROPERTY TYPE	VALUE	USE	PROPERTY TYPE	VALUE
HOME	PERSONAL	\$0	HOME	PERSONAL	\$0
PERSONAL	PERSONAL	\$0	PERSONAL	PERSONAL	\$0

EXPLANATION/DESCRIPTION OF PERSONAL PROPERTY

APPLICANT ALLEGEDLY HELD HARMLESS IN THE LEASE. (b) HAS A VAULTED SUBDIVISION. (c) IS A NAMED INSURED IN THE FIRE POLICY. (d) OTHER (specify):

VEHICLES

TYPE	OWNED	IF OWNED	LEASED	PROPERTY MAILED	SAFETY INSPECTED
TRAILER, MOTORHOME					
TRAILER, TRUCK					
TRAILER, RV					
TRAILER, BOAT					
TRACTOR					
TRACTOR, EX-HEAVY					
TRACTOR, HEAVY					
TRACTOR, MEDIUM					
TRACTOR, LIGHT					
TRUCK, EX-HEAVY					
TRUCK, HEAVY					
TRUCK, MEDIUM					
TRUCK, LIGHT					
VEHICLE, OTHER					
VEHICLE, PERSONAL					
VEHICLE, COMMERCIAL					
VEHICLE, AIRCRAFT					
VEHICLE, MARINE					
VEHICLE, OTHER					
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VEHICLE, PERSONAL					

ADDITIONAL EXPOSURES

AGENCY CUSTODIAL COPY

Y/N

EXPLAIN ALL TYPES OF RESPONSES PROVIDED OTHER INFORMATION REQUIRED IN THIS SECTION.	
AFTER ISSUES LINE 111	
<p>1. VILLAGES: ANJALI XXX: 5</p> <p>2. ARE THERE ANY AN ADVERTISING AGENCY USED?</p> <p>3. ANY CONTRACT PROVIDED UNDER AGENCY'S POLICY?</p>	
AIRCRAFT LIABILITY	
<p>4. DOES APPLICANT OWN / LEASE / OPERATE AIRCRAFT?</p>	
<p>5. ARE EXPLOSIVES, CAUSTICS, FLAMMABLES OR OTHER DANGEROUS CARGO HAULED?</p>	
<p>6. ARE PASSENGERS CARRIED FOR A FEE?</p>	
<p>7. ANY UNITS NOT INSURED BY INHERITING POLICIES?</p>	
<p>8. ARE ANY VEHICLES LEASED OR RENTED TO OTHERS?</p>	
<p>9. IS HIRE AND NON OWNED COVERAGES PROVIDED?</p>	
<p>10. IS BRIDGE, DAM, OR MARINE WORK PERFORMED?</p>	
<p>11. DESCRIBE THE JOB/WORK PERFORMED (Attach ADDENDUM 10, Additional Remarks Schedule, if more space is required)</p>	
<p>12. DESCRIBE AGREEMENT (Attach ADDENDUM 11, Additional Remarks Schedule, if more space is required)</p>	
<p>13. DOES APPLICANT OWN RENT, OR OTHERWISE USE CRANES?</p>	
<p>14. DO SUBCONTRACTORS CARRY COVERAGES OR LIMITS LESS THAN APPLICANT?</p>	
CARRIER LIABILITY	
<p>15. IS APPLICANT SELF INSURED IN ANY STATE?</p>	
<p>16. SUBJECT TO: <input checked="" type="checkbox"/> JONES ACT <input type="checkbox"/> FELONIES <input type="checkbox"/> OTHER INCIDENTS RE: PRACTICE LIABILITY</p>	
<p>17. IS A HOSPITAL OR FIRST AID FACILITY MAINTAINED?</p>	
<p>18. ARE COVERAGES PROVIDED FOR CONTRACTORS / NUMBER?</p>	
<p>19. INDICATE # OF DOCTORS: <input type="checkbox"/> NURSES: <input type="checkbox"/> ULUS: ACORD 131 (2008/10) CVSSIA 3 of 5 A017252 INS131 (2008/10)</p>	

ADDITIONAL EXPOSURES (checkmark)

AGENCY CUSTOMER NUMBER

1418

EXPLAIN ALL YES RESPONSES, PROVIDE OTHER INFORMATION REQUIRED

- FPA 6
POLYGRAPH LIABILITY
20. DO CURRENT OR PAST PRODUCTS OR THEIR COMPONENTS CONTAIN HAZARDOUS MATERIALS THAT MAY REQUIRE SPECIAL DISPOSAL METHODS?

21. INDICATE THE COVERAGES ONHOLD:

- | | |
|---|---|
| <input type="checkbox"/> GL WITH STANDARD SD POLLUTION EXCLUSION | <input type="checkbox"/> CL WITH POLLUTION COVERAGE ENDORSEMENT |
| <input type="checkbox"/> GL WITH STANDARD SD/SDEN & ACCIDENTAL ONLY | <input type="checkbox"/> SCP/WA/TE POLLUTION COVERAGE |

PRODUCT LIABILITY

22. ARE MISSILES, ENGINES, GUIDANCE SYSTEMS, FRAMES OR ANY OTHER PRODUCT USED/INSTALLED IN AIRCRAFT?

23. ANY FOREIGN OPERATIONS, FOREIGN PRODUCTS DISTRIBUTED IN THE USA OR US PRODUCTS SOLD/DISTRIBUTED IN FOREIGN COUNTRIES?
(RTYDS, AIRPL ACQUISITION)

24. PRODUCT LIABILITY LOGS IN PAST 12 MONTHS (Y-YES/N-NO/P-PARTLY)

25. CHARGE FOR A \$1000 EACH OF LAST THREE (3) YEARS: \$

5

3

PROFESSIONAL LIABILITY

26. DESCRIBE INDEMNIFICATION FACTORS (check ACCORD-101 Addendum Renter's Schedule, if more space is required)

INTERFACILITY LIABILITY

27. DOES APPLICANT OWN OR LEASE WATERCRAFT?

TYPE	OWNER	LENGTH	HOUSING	EXHAUST	PUMPER	ANCHOR	INSURER/INSURER

APARTMENTS / LONDON KILOMETERS BY HOTELS

1000' FLOOR	1000' ELEVATOR	# UNITS	SWIMMING POOLS	DOWNSTAIRS	1000' STORIES	SHOPS	SWIMMING POOLS	VIEWING DECKS

REMARKS (attach ACCORD-101, Additional Remarks Sheet if more space is required)

REMARKS (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

SIGNATURE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (IN NY) SUBSTANTIALLY CIVIL PENALTIES. (In applications from DC, FL, IL, MA, NC, OH, OK, OR, VT or WA, in LA, ME, TN and VA, insurance benefits may also be denied.)

IN THE DISTRICT OF COLUMBIA, WARNING: IT IS A CRIME TO PROVIDE FALSE OR MISLEADING INFORMATION TO AN INSURER FOR THE PURPOSE OF DEFRAUDING THE INSURER OR ANY OTHER PERSON. PENALTIES INCLUDE IMPRISONMENT AND/OR FINES.

IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IF THE COMPANY TO WHICH I AM APPLYING OFFERS UNINSURED MOTORISTS (UM) AND/OR UNDERINSURED MOTORISTS (U/M) COVERAGE IN MY STATE:

UNINSURED MOTORISTS (UM) COVERAGE: \$ _____ * UNDERINSURED MOTORISTS (U/M) COVERAGE: \$ _____ *

* IF APPLICABLE IN YOUR STATE.

APPLICABLE ONLY IN LOUISIANA, NEW HAMPSHIRE, VERMONT AND WISCONSIN**APPLICABLE ONLY IN LOUISIANA:**

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS, UM LIMITS LOWER THAN MY LIABILITY LIMITS, OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR (INITIALS) 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN NEW HAMPSHIRE:

I ACKNOWLEDGE THAT UM COVERAGE HAS BEEN EXPLAINED TO ME, AND I HAVE BEEN OFFERED THE OPTION OF SELECTING UM LIMITS EQUAL TO MY LIABILITY LIMITS OR TO REJECT UM COVERAGE ENTIRELY.

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR (INITIALS) 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

APPLICABLE ONLY IN VERMONT:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UM COVERAGE EQUAL TO MY LIABILITY LIMITS. I HAVE SELECTED THE LIMITS INDICATED IN THIS APPLICATION.

APPLICABLE ONLY IN WISCONSIN:

I ACKNOWLEDGE THAT I HAVE BEEN OFFERED UNINSURED MOTORIST (UM) COVERAGE AND UNDERINSURED MOTORIST (U/M) COVERAGE

1. I SELECT UM LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR (INITIALS) 2. I REJECT UM COVERAGE IN ITS ENTIRETY. (INITIALS)

3. I SELECT U/M LIMITS INDICATED IN THIS APPLICATION. (INITIALS) OR (INITIALS) 4. I REJECT U/M COVERAGE IN ITS ENTIRETY. (INITIALS)

IMPORTANT - THE STATEMENTS (ANSWERS) GIVEN ABOVE ARE TRUE AND ACCURATE. THE APPLICANT HAS NOT WILLFULLY CONCEALED OR MISREPRESENTED ANY MATERIAL FACT OR CIRCUMSTANCE CONCERNING THIS APPLICATION. THIS APPLICATION DOES NOT CONSTITUTE A BINDER.

PRODUCER'S SIGNATURE

PRODUCER'S NAME (Please Print)

STATE PRODUCER LICENSE NO
(Required Florida)

APPLICANT'S SIGNATURE

DATE

03/24/12

NATIONAL PRODUCER NUMBER

ACORD 131 (2009/10)

CVSRA

5 of 5 #817252

INS131 (2009/10)